



Town of Arlington
Municipal Monthly Parking Permit
Sticker Parking Application
\$50.00 Per Month

Name: _____

Employer Name If Applicable:

Work Address If Applicable:

Cell Phone / Work Phone: _____

License Plate #: _____

Home Address: _____ Town: _____

Please circle the number of months you wish to purchase (Maximum is 3 months):

One

Two

Three

I agree to all the rules and regulations established by the Board of Selectmen relative to individuals employed in the Town of Arlington as it relates to the employee permit sticker parking program.

Signature: _____ Date: _____

Please note with your application you must provide either proof of residence or proof of employment in the town. A copy must be provided to complete your application. Some examples of acceptable material would be:

- **Check Stub**
- **Letterhead**
- **Job Offer Letter**
- **Rental Agreement**
- **Property Tax / Utility Bill**